SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) COT

28 2017

Refund:	Amount Paid:	Date:	Permit #:
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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue——>	Section 1 , Township 4 6 N, Range 6 W	$S(\bigcup 1/4,] \setminus E = 1/4$ Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Id T. Roy	Owner's Name:	TYPE OF PERMIT REQUESTED - D-LAND USE SAN	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
r, Stream (incl. Intermittent)	Town of:	CSM Vol & Page	Tax ID# (4-5 digits) プリー 03み み りし	Agent Phone:	Contractor Phone:	City/State/Zip:	63730 Kostelle	1	□ SANITARY □ PRIVY	APPLICANT.
Distance Structure is from Shoreline:	OIO	e Lot(s) No. Block(s) No.	032-2-46-11-1 03-000-1000	Agent Mailing Address (include City/State/Zip):	Plumber:		62720 Kostello Road MASON, WIL 54856	City/State/Zip:	CONDITIONAL USE D SPECIAL USE	
	Lot Size	Subdivision:	Recorded Deed (i.e. # assigned by Register of Deeds)	/State/Zip):			54856		CIAL USE 🗆 B.O.A.	
Is Property in 1	Acreage	A CONTRACTOR OF THE CONTRACTOR	.# assigned by Rej	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:	109-705-5516) -	Telephone:	O.A. 🗆 OTHER	
Are Wetlands Present?			ed by Register of Deeds)	No No	one:	.5518			IER	

Existing Structur						\$ \$ \$	>	i i i i i i i i i i i i i i i i i i i	Value at Time of Completion * include donated time & material
Existing Structure: (if permit being applied for is relevant to it) Length:	:		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
or is relevant to it)	V CHICK	S CASAN	☐ Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
Length:	and the section of th						🗖 Year Round	☐ Seasonal	Use
				X, None		_ ယ	□ 2		# of bedrooms
Width:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: H 1 3000 961	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
			.1				K Well	City	Water

Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶

 $\hfill\Box$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes-~continue

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?

Are Wetlands
Present?
□ Yes

▼No

□ Non-Shoreland

	- Constitution of the Cons		
Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction: (SARAGE)	Length: 기원	Width: 3み	Height: 12

Proposed Use	۲.	Proposed Structure	D	Jimensions	Square Footage
		Principal Structure (first structure on property)	_	×	
		Residence (i.e. cabin, hunting shack, etc.)		×	
-		with Loft	_	×	
X Residential Use		with a Porch	_	×	
		with (2 nd) Porch	_	×	
		with a Deck	-	×	
1		with (2 nd) Deck	<u> </u>	×)	
☐ Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	· · · · · · · · · · · · · · · · · · ·
		Addition/Alteration (specify)	-	% ×	1960
Municipal Use	X,	Accessory Building (specify) CARAGE	-	XX 10 -	2200
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	-	×	
200000					
		Special Use: (explain)	-	×	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Conditional Use: (explain)	_	×	T T T T T T T T T T T T T T T T T T T
Secretarial Staff Other: (explain)		Other: (explain)	_	×)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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Address to send permit

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

62720 KOSTELLO

signing on behalf of the owner(s) a letter of authorization must accompany this application) Road MASON (C) (54856

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date

	Hold For Fees:	fidavit:	Hold For Affidavit:	Hold For TBA;	Hold For Sanitary:
Date of Approval: 6/1/7		n setbacks	meet and main		Signature of Inspector:
	anter the building to POWTS. Must	er shall e	pressurized wate)	
	shall be used ng purposes	Condition: No accessory building shall be used for human habitation. Seleping purposes			Committee
Date of Re-Inspection:	net to thought	Mele	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/3//17	ction:
Zoning District () Lakes Classification ()					Inspection Record:
er XI yes □ No	Were Property Lines Represented by Owner Was Property Surveyed	Were Property		reated XYes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated
***************************************	Variance (B.O.A.)	Previously Granted by ☐ Yes ☐ No			Granted by Variance (B.O.A.) Yes No
Affidavit Required	□ Yes	Mitigation Required Mitigation Attached	ous Lot(s)) Savo	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	tanda Owne Confo
)- ₁)	Permit Date: 8.0		Permit #: 17-0300
Sanitary Date:	# of bedrooms:		Sanitary Number: Reason for Denial:	inty Use Only)	Issuance Information (County Use Permit Denied (Date):
Tank (HT), Privy (P), and Well (W). has not begun. Uniform Dwelling Code.	Drain field (DF). Holding nee if Construction or Use Required To Enforce The lay also require permits.	n, Septic Tank (ST), om the Date of Issual LL Municipalities Are or Federal agencies m	(s) or New Constructions of New Constructions (a) Year from (a) Year from From From (b) Order (b) Order (c) Order (c	NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL The local Town, Village, City, State or I	(9) Stake or Mar NOTI For The Const
t the setback must be measured must be visible from tof the proposed site of the structure, or must be	setback, the boundary line from which s from a known corner within 500 feet	om the minimum required i	Ebut less than thirty (30) feet from the second that the secon	tructure more than ten (10) fee previously surveyed corner, or v 's expense.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site marked by a licensed surveyor at the owner's expense.
ist be visible from one previously surveyed corner to the	setback must be measured mu	the boundary line from which the	imum	nposting)	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the min
170 1551	GH	CCCCCC CC 48	25°	or same	Setback to Drain Field
기	D	Sethack to t	ØO Foot	ing Tank	Sethack to Sentic Tank or Holding Tank
☐ Yes X No	20% Slope Area on property Elevation of Floodplain		1000 + Feet		Setback from the East Lot Line
3	Wetland		XO+ Feet	no no	Setback from the South Lot Line
ater mark) NA Feet NA Feet	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff		AYO Feet	Platted Road tight-of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Measurement	Description		Measurement		Description
$56 \text{SLoo} \longrightarrow 17$ and by the Planning & Zoning C	Changes in plans must be approved	501.1001			Please complete (1) – (7) ak (8) Setbacks: (m
157411 2005		50	000 TV MASON	PAR 033102101000	40 ACRE D
F. S.	Existing Home 32X88	\$50		DAR.	MAChine
	Censiluction	•	011	F.	Sib O
ACAGE TOOC +	DRIVE OF ORDER	F			STORAGE CAMIN'S
CAI	HUAY			FOED THINKS	HEED OF
	<u> </u>	:		→	H
	STALL BARN	Fizec	4	Appeax 300' T	COSTELLO TO
Ind/or (*) Privy (P)	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	roperty); (*) Drain Field (D reek; or (*) Pond 20%	All Existing Structures on your Property *) Well (W); (*) Septic Tank (ST); (*) Drain Field *) Lake; (*) River; (*) Stream/Creek; or (*) Pond *) Wetlands; or (*) Slopes over 20%	*	(4) Show: Q (5) Show: A (6) Show any (*): (X (7) Show any (*):
A	ge Road)	t oad (Name Frontag	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)		9

n, City, Village, State or Federal mits May Also Be Required

LAND USE - X SANITARY -SIGN-SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	302		Į:	ssued	To: Ro	nald	Roy							, cally a
Location:	sw	1/4	of	NE	1/4	Section	11	Township	46	N.	Range	6	W.	Town of	Mason
Gov't Lot			L	_ot		Blo	ck	Sui	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Garage (28' x 70') = 1,960 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

August 2, 2017

Tracy Pooler

Authorized Issuing Official

Date

completed or if any prohibitory conditions are violated.